

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01568

1587 CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH

COUNTY *Calvert*
 CITY (If outside corporate limits, write RURAL
OR
and give nearest town)
 TOWN *Prince Frederick*

MARYLAND

LENGTH OF STAY
(in this place)

14 hrs

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS*Calvert County Hospital*

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE *Maryland* COUNTY *Calvert*

CITY (If outside corporate limits, write RURAL and give nearest town)

TOWN *Barstow*STREET
ADDRESS

(If rural give location)

3. NAME OF
DECEASED
(Type or Print)*John Boot*

(Middle)

(Last)

5. SEX

*Male Negro*6. COLOR OR
RACE10e. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired)10b. KIND OF BUSINESS
OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

13. FATHER'S NAME

*Julius Boot*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

772. IMMEDIATE CAUSE

(A)

*MALNUTRITION*INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, (B)

GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST. DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH.

19e. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
While
at work

21f. HOW DID INJURY OCCUR?

M.
at work Not white
at work 22. I hereby certify that I attended the deceased from *Feb 6, 1956*, to *Feb 7, 1956*, that I last saw the deceased
alive on *Feb 7, 1956*, and that death occurred at *11 A.M.* from the causes and on the date stated above.

SIGNATURE

R. Carroll

ADDRESS (Street, city, town, state)

DATE SIGNED

*2/7/56*23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county)

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

DATE 2-9-56

H. W. Ward

P.E. Sewell, Prince Fred, Md

2064201393

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY (If rural, give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED: (Type or Print)		(First) <i>John</i> (Middle) <i>Brightwell</i> (Last)	4. DATE OF DEATH 2 17 1956
5. SEX: <i>M</i>	6. COLOR OR RACE: <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <i>Divorced</i>	8. DATE OF BIRTH: <i>Feb. 11, 1910</i>
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <i>Taxi Driver</i>		10b. KIND OF BUSINESS OR INDUSTRY: <i>Farming</i>	9. AGE last birthday: <i>46</i> IF UNDER 1 YEAR yrs. Months Day Hours Min.
13. FATHER'S NAME: <i>Frank Brightwell</i>		11. BIRTHPLACE (State or foreign country): <i>Cabot County, Md</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>		16. SOCIAL SECURITY NO.: <i>3</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
17. INFORMANT & ADDRESS: <i>Tom Rosa Brightwell-Prince Frederick, Md.</i>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: <i>919.8</i>		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause <i>Synclastic wound of chest</i>	(a) DUE TO <i>Had been missing for 3 days</i>		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO <i>Found dead in car in woods</i>		
(c)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Found dead in car in woods</i>		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.
			21b. PLACE Home, farm, factory, OF street, mine, etc., INJURY
21d. TIME (Month) (Day) (Year) (Hour) <i>Feb 21 1956 8P.M.</i>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/> at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>From shot wound of chest</i>
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .		CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	
SIGNATURE <i>H.W. Ward</i>		DATE SIGNED <i>2/19/58</i>	
23. BURIAL, CREMATION, REMOVAL, (Specify): <i>Burial</i>		DATE THEREOF <i>Feb. 21, 1958</i>	NAME OF CEMETERY OR CREMATORIAL <i>Wesley Cemetery</i>
DATE REC'D BY LOCAL REG. <i>2-20-17</i>		REGISTRAR'S SIGNATURE <i>H.W. Ward</i>	LOCATION (City, town, or county) (State) <i>Prince Frederick-Cabot Co., Md.</i>
24. FUNERAL DIRECTOR		ADDRESS	
		<i>A. A. Warkness & Son - Mutual, Md</i>	

RECEIVED
BUREAU V. S.

FEB 23 1956

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01570

1589 CERTIFICATE OF DEATH

Reg. Dist. No. 51

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN	<i>Calvert</i> <i>Lusby</i>	MARYLAND LENGTH OF STAY (in this place)	STATE <i>Maryland</i> COUNTY <i>Calvert</i> CITY (If outside corporate limits, write RURAL and give nearest town) TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	<i>50</i>	SUBDIVISION STREET ADDRESS	<i>Lusby</i> (If rural give location)
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) (Day) (Year)	
(First) <i>Amanda</i> (Middle) (Last) <i>Commodore</i>		4. DATE (Month) (Day) (Year) <i>Oct. 1 13 1956</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <i>Oct. 1 66 yrs.</i>
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Andrew Johnson</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
(If Yes, give war or dates of service)		17. INFORMANT & ADDRESS <i>Jennie Johnson</i> <i>David Commodore Lusby Md</i>	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>420.1 IMMEDIATE CAUSE (A) Coronary occlusion - ANTECEDENT CAUSE(S) DUE TO (Heart failure) DISEASES OR CONDITIONS, IF ANY, (B) giving rise to the above cause STATING UNDERLYING CAUSE LAST. DUE TO (C) Hypertension c.v.d x. genuina scler</i>			
INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>Stab</i>			
22. I hereby certify that I attended the deceased from , 19....., to , 19....., that I last saw the deceased alive on , 19....., and that death occurred at A.M., from the causes and on the date stated above. SIGNATURE <i>R. W. Allamay</i> M.D. ADDRESS (Street, city, town, state) <i>St. John's</i> DATE SIGNED <i>2/18/56</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF <i>2-15-56</i>	NAME OF CEMETERY OR CREMATORIAL <i>St. John's</i>	LOCATION (City, town, or county) <i>Lusby</i> (State) <i>Md</i>
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE <i>H. W. Ward</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>P. E. Sewell, Jr., Fred, Md</i>	
DATE <i>2-11-56</i>		ADDRESS	

BUREAU V. 3

FEb 15 1956

REGELY ED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01571

1590

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	Calvert Prince Frederick	MARYLAND LENGTH OF STAY (in this place) 21 days	STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) TOWN STREET ADDRESS	COUNTY Calvert Prince Frederick (If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital					
3. NAME OF DECEASED (Type or Print) Ferdinand Lyles Freeland			4. DATE (Month) (Day) (Year) OF DEATH February 2 1956		
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH April 9, 1873	9. AGE last birthday 82 yrs.	IF UNDER 1 YEAR Months 9 IF UNDER 24 HRS. Days 23 Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George T. Freeland			14. MOTHER'S MAIDEN NAME Wilimina Lyons		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no	16. SOCIAL SECURITY NO. 200-20-2000		17. INFORMANT & ADDRESS Mr. Eddie Freeland - Prince Frederick		
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 332x IMMEDIATE CAUSE (A) <u>Cerebral thrombosis</u> ANTECEDENT CAUSE(S) DUE TO <u>Generalized arterio-sclerosis</u> DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Acidosis</u> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 1956</u>, to <u>Feb 2, 1956</u>, that I last saw the deceased alive on <u>Feb 2, 1956</u>, and that death occurred at <u>8:50A.M.</u> from the causes and on the date stated above.					
SIGNATURE <u>Rod Williams</u> M.D. ADDRESS (Street, city, town, state) <u>5th Avenue</u> DATE SIGNED <u>2/2/56</u>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF Feb. 4, 1956	NAME OF CEMETERY OR CREMATORIAL St. Paul's Cemetery		LOCATION (City, town, or county) Prince Frederick, Md.	
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE H. W. Ward		25. FUNERAL DIRECTOR'S SIGNATURE G. A. Harkness & Son - Mutual, Inc.		
DATE 2-6-56					

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I. PLACE OF DEATH: COUNTY <i>Baltimore</i>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Md</i> COUNTY <i>Baltimore</i>	
CITY (If outside corporate limits, write RURAL OR, and give nearest town) TOWN <i>Island Creek</i>		LENGTH OF STAY (in this place)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED: (Type or Print) <i>Melvin Kaye Forman</i>		4. DATE OF DEATH <i>2 5 56</i>	
5. SEX: <i>M</i>		6. COLOR OR RACE: <i>White</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): <i>Married</i>		8. DATE OF BIRTH: <i>July 14 1954</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <i>Painter</i>		10b. KIND OF BUSINESS OR INDUSTRY: <i>Painting</i>	
11. BIRTHPLACE (State or foreign country): <i>Wash D.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME: <i>Melvin Forman</i>		14. MOTHER'S MAIDEN NAME: <i>Elsie S Smith</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>		16. SOCIAL SECURITY NO.: <i>123-45-6789</i>	
17. INFORMANT & ADDRESS: <i>Sherie Smith, Island Creek</i>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause <i>Armenia</i> DUE TO <i>Found dead in bed at 1030 AM</i>		INTERVAL BETWEEN ONSET AND DEATH	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last <i>None</i>			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY)	
21c. (City or town) <i>Baltimore</i> (County) <i>Maryland</i> (State) <i>Md</i>		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>M.</i>	
21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
SIGNATURE <i>H. Ward Due</i>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> M. D. ASSISTANT MEDICAL EXAM. <i>H. Ward Due</i>	
23. BURIAL, CREMATION, REMOVAL (Specify): <i>Scandinavian</i>		DATE SIGNED <i>2/17/56</i>	
DATE THEREOF <i>2-6-56</i>		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) <i>Scandinavian</i> (State) <i>Md</i>	
DATE REC'D BY LOCAL REG. <i>H. W. Ward</i>		REGISTRAR'S SIGNATURE <i>H. W. Ward</i>	
24. FUNERAL DIRECTOR <i>P.E. Scovell Prince Fred</i>		ADDRESS <i>2nd</i>	

BUREAU V. S.

FEB 7 1956

REGISTRY

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18**1592 CERTIFICATE OF DEATH**

01573

Reg. Dist. No. 51

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <i>Calvert</i>	MARYLAND	STATE <i>Maryland</i>	COUNTY <i>Calvert</i>
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Prince Fred.</i>		LENGTH OF STAY (In this place) <i>19</i>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Owings</i>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>County Hosp.</i>		STREET ADDRESS <i>(If rural give location)</i>	
3. NAME OF DECEASED (Type or Print) <i>Lula</i>		4. DATE (Month) (Day) (Year) <i>2 - 29 - 1956</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <i>Grose</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <i>44 yrs.</i>
13. FATHER'S NAME <i>Wesley Jones.</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>		16. SOCIAL SECURITY NO. <i>141-10-0000</i>	
17. INFORMANT & ADDRESS <i>William Gross. Owings md</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>33IX</i> IMMEDIATE CAUSE <i>Cerebral Hemorrhage</i> ANTECEDENT CAUSE(S) DUE TO <i>Hypertension</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <i>(A) (B) (C)</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2/7/56</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>2/12/56</i> to <i>2/29/56</i>, that I last saw the deceased alive on <i>2/12/56</i>, 19<i>56</i>, and that death occurred at <i>5 A.M.</i> from the causes and on the date stated above.			
SIGNATURE <i>Gage & Jct</i> ADDRESS (Street, city, town, state) <i>Prince Frederick</i> DATE SIGNED <i>2/29/56</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>5-24-56</i>		DATE THEREOF <i>5-24-56</i>	NAME OF CEMETERY OR CREMATORIAL <i>St. Edmunds</i>
24. REC'D BY REGISTRAR DATE <i>2-29-56</i>		REGISTRAR'S SIGNATURE <i>H. W. Ward</i>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>P.E. Sawell, Prince Fred, Md</i>			

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1957-208

NAME OF DECEASED PERSON

DECEASED DATE

WITNESSED BY

BUREAU V. S.

MAR 1 1956

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01574

1593 CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <i>Calvert</i>	MARYLAND CITY (If outside corporate limits, write RURAL OR TOWN <i>Island Creek</i>) LENGTH OF STAY (In this place)	STATE <i>Maryland</i>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Island Creek</i> (If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>00</i>	STREET ADDRESS		
3. NAME OF DECEASED (Type or Print) <i>Elyza</i>	(First)	(Middle)	(Last) <i>Johnson</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	4. DATE (Month) OF DEATH <i>Oct 16, 1956</i>
8. DATE OF BIRTH <i>Oct 16,</i>	9. AGE last birthday <i>82 yrs.</i>	10. KIND OF BUSINESS OR INDUSTRY <i>Domestic</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	13. FATHER'S NAME <i>Nelson Sanders</i>	14. MOTHER'S MAIDEN NAME <i>Flora Gantt</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS <i>James Johnson, Island Creek.</i>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
331X IMMEDIATE CAUSE (A) <i>Heart Failure</i>			
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) <i>Hypertension and cerebral</i>			
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <i>Hemorrhage -</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, street, office bldg., etc.) <i>Brooks</i>	21c. WHERE DID INJURY OCCUR? (City or town) <i>Island Creek</i>	(County) <i>Calvert</i> (State) <i>Md.</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>M.</i>	21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>1956</i>	
22. I hereby certify that I attended the deceased from <i>2/7/56</i> , to <i>2/19/56</i> , 1956, that I last saw the deceased alive on <i>2/7/56</i> , 1956, and that death occurred at <i>5:30 P.M.</i> from the causes and on the date stated above. SIGNATURE <i>R. W. Sanders</i> ADDRESS (Street, city, town, state) <i>S. T. Hennar</i> DATE SIGNED <i>2/19/56</i>			
23. BURIAL Cremation, REMOVAL (SPECIFY) <i>Brooks</i>	DATE THEREOF <i>2-22-56</i>	NAME OF CEMETERY OR CREMATORIAL <i>Brooks</i>	LOCATION (City, town, or county) <i>Island Creek</i> (State) <i>Md.</i>
24. REC'D BY REGISTRAR DATE <i>2-20-56</i>	REGISTRAR'S SIGNATURE <i>H. W. Ward</i>		
25. FUNERAL DIRECTOR'S SIGNATURE <i>P. E. Sewell, Prince Fred, Md.</i>			

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 155 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01575

1594 CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL, OR give nearest town) TOWN	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY St. Fernando. (If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	7 mos.	STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) Dennis M. Lyons		(Month) (Day) (Year) Feb. 1 1956	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S	8. DATE OF BIRTH May 13, 1877
9. AGE last birthday 78 yrs.	10. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Dorchester Co., Md	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas	14. MOTHER'S MAIDEN NAME Sarah Brabaw	17. INFORMANT & ADDRESS Mrs Margaret Williams, St. Leonard	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No	16. SOCIAL SECURITY NO. 260	18. MEDICAL CERTIFICATION Acidosis — Diabetes Mellitus — Generalized Senility —	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 260x IMMEDIATE CAUSE (A) — Acidosis — ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) — Diabetes Mellitus — STATING UNDERLYING CAUSE LAST. DUE TO (C) — Generalized Senility —			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION July 1952	19b. MAJOR FINDINGS OF OPERATION Anap night ex	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <input type="checkbox"/> (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) St. Leonard	(County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1955, to Feb. 1, 1956, that I last saw the deceased alive on Jan 2, 1956, and that death occurred at St. Leonard, M.D., from the causes and on the date stated above.			
SIGNATURE Rdwlliams	M.D.	ADDRESS (Street, city, town, state) St. Leonard	DATE SIGNED 1/2/56
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF Feb. 3, 1956	NAME OF CEMETERY OR CREMATORIAL Miranda Cemetery Huntington, Md	LOCATION (City, town, or county) (State)
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE H. W. Ward	25. FUNERAL DIRECTOR'S SIGNATURE A. A. Harkness & Son - Mutual, Md	ADDRESS
DATE 2-2-56			

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10/M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01576

1595 CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (In this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY Olivet (If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Calvert County Hospital</i>		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) <i>Baby Girl Mackall</i>		4. DATE (Month) OF DEATH	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Single</i>	8. DATE OF BIRTH <i>February 2 1956</i>
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>Primate</i>	9. AGE last birthday IF UNDER 1 YEAR Months Yrs. <i>1</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO. <i>Dear Gross</i>	12. CITIZEN OF WHAT COUNTRY? <i>Olivet, Md.</i>
13. FATHER'S NAME <i>Hilton Mackall</i>		14. MOTHER'S MAIDEN NAME <i>Dear Gross</i>	17. INFORMANT & ADDRESS <i>Dear Mackall, Olivet, Md.</i>
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>Premature (6 1/2 months)</i>			
IMMEDIATE CAUSE (A) _____ ANTECEDENT CAUSE(S) DUE TO _____ DISEASES OR CONDITIONS, IF ANY, (B) _____ GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO _____ (C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
M. at work <input type="checkbox"/>		21e. INJURY OCCURRED While Not while at work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Feb 2, 1956</i> , to <i>Feb 3, 1956</i> , that I last saw the deceased alive on <i>Feb 3, 1956</i> , and that death occurred at <i>Olivet, Md.</i> from the causes and on the date stated above. SIGNATURE <i>H. W. Ward</i> ADDRESS (Street, city, town, state) <i>St LEONARD M.D.</i> DATE SIGNED <i>2/3/56</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>	DATE THEREOF <i>2-4-56</i>	NAME OF CEMETERY OR CREMATORIAL <i>Private</i>	LOCATION (City, town, or county) (State) <i>Olivet, Calvert Co., Md.</i>
24. REC'D BY REGISTRAR <i>H. W. Ward</i>	REGISTRAR'S SIGNATURE <i>H. W. Ward</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Hilton Mackall - Olivet, Md.</i>	
DATE <i>2-3-56</i>			

2064232280

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AUSC 1-55 10.W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01577

1596

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH

COUNTY

CITY (If outside corporate limits, write RURAL
OR end give nearest town)

TOWN

HOSPITAL
INSTITUTION OR
STREET ADDRESSCalvert County
Huntington MARYLAND
Huntington LIFE**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE

CITY (If outside corporate limits, write RURAL and give nearest town)

TOWN

STREET
ADDRESS

COUNTY

Huntington Calvert

(If rural give location)

**3. NAME OF
DECEASED**
(Type or Print)

JOHN FRANKLIN NORFOLK

5. SEX

6. COLOR OR
RACE7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify)10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired)

FARMING

10b. KIND OF BUSINESS
OR INDUSTRY

OWNER

11. BIRTHPLACE (State or foreign country)

HUNTINGTON, MD.

12. CITIZEN OF WHAT
COUNTRY?

USA

13. FATHER'S NAME

THOMAS H. NORFOLK

14. MOTHER'S MAIDEN NAME

ELIZABETH CROSS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no, or unk.) (If Yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS

EDWARD NORFOLK, HUNTINGTON, MD.

INTERVAL BETWEEN
ONSET AND DEATH**I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH**

331X IMMEDIATE CAUSE

(A)

ANTECEDENT CAUSE(S) DUE TO
DISEASES OR CONDITIONS, IF ANY, (B)
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST. DUE TO
(C)**18. MEDICAL CERTIFICATION**

Cerebral accident

Hypertension

**II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.**

19e. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21e. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
While Not while
at work at work

21f. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from 1/18, 1956, to 2/2, 1956, that I last saw the deceased

alive on 2/1, 1956, and that death occurred at 1:55 p.m. from the causes and on the date stated above.

SIGNATURE

ADDRESS (Street, city, town, state)

DATE SIGNED

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county)

(State)

Buried Feb 5, 1956

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

DATE 2/5/56

Grace L. Hutchins, H. Harry Hutchins & Owings, MD

BUREAU V.

FEB 10 1956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01578

1597

CERTIFICATE OF DEATH

Reg. Dist. No.

51

1. PLACE OF DEATH

a. COUNTY

Cabret

MARYLAND

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Bromes Island

RURAL

c. LENGTH OF STAY IN 1b
d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION

08

c. LENGTH OF STAY IN 1b

Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Maryland

b. COUNTY

Cabret

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Bromes Island

d. STREET ADDRESS

—

e. IS RESIDENCE
ON A FARM?YES NO 3. NAME OF
DECEASED
(Type or print)First
AnnieMiddle
E.Last
Rogers4. DATE
OF
DEATHMonth
February
Day
21
Year
1956

5. SEX

F

6. COLOR OR RACE

W

7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH

Jan. 14, 1862

9. AGE (In years
lost birthday)94
yrs.

IF UNDER 1 YEAR: IF UNDER 24 HRS.

Months
1
Days
7
Hours
—
Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Cabret County, Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Richard Garner

14. MOTHER'S MAIDEN NAME

Ann Elizabeth Ramsey

Address

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

No

17. INFORMANT

Ballard Rogers - Bromes Island, Md

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

331X

DUE TO

Conditions, if any, which
gave rise to immediate
cause (a), stating the under-
lying cause lost.

(b)

DUE TO

(c)

INTERVAL BETWEEN
ONSET AND DEATH

MEDICAL CERTIFICATION

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY
PERFORMED?YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year
Hour a.m. 19
p.m. —20d. INJURY OCCURRED
While at work Not while at work
 at work 20e. PLACE OF INJURY (Home, farm,
factory, street, office bldg., etc.)20f. (City or town)
(County) (State)

21. I certify that I attended the deceased from Dec. 19, 1955, to Feb. 21, 1956, that I last saw the deceased alive on Feb. 19, 1956, and that death occurred at M., from the causes and on the date stated above.

ADDRESS (Street, city or town, state)

DATE SIGNED

ACTUAL
SIGNATURE

M.D.

Prince Frederick

PHYSICIAN'S
NAME (Type)

PAGE C. SETT, M.D. PRINCE FREDERICK, MD.

22a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

22b. DATE THEREOF

Feb. 24, 1956

22c. NAME OF CEMETERY OR CREMATORIUM

Waters Memorial Cem. Island Creek-Cabret Co - Md

22d. LOCATION (City, town, or county) (State)

23. FUNERAL DIRECTOR'S SIGNATURE

A. A. Hackness & Son - Mutual, Md

ADDRESS

24a. REC'D BY REGISTRAR

DATE

2-22-56

24b. REGISTRAR'S SIGNATURE

H. W. Ward

CERTIFICATE OF DEATH

1901

BUREAU V. S.

FEB 21 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01579

1598

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick</i>		c. LENGTH OF STAY IN 1b <i>2 weeks</i>		d. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Baltimore</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>10</i>				e. STREET ADDRESS <i>3513 Esther Place</i>	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) <i>Margaret</i>		First	Middle	Last	4. DATE OF DEATH <i>Feb. 24 1956</i>
5. SEX <i>F</i>		6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb. 15, 1871</i>	9. AGE (In years last birthday) <i>85 yrs.</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>					
13. FATHER'S NAME <i>Michael Sanders</i>		14. MOTHER'S MAIDEN NAME <i>Anna ?</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT <i>Serville Morgan - Prince Frederick, Md</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>334X</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) (c)				Address <i>2 years</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Name, form, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>1/6</i> , 19 <i>56</i> , to <i>2/24</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>2/24</i> , 19 <i>56</i> , and that death occurred at <i>7 P.M.</i> , from the causes and on the date stated above.				ADDRESS (Street, city or town, state) <i>Prince Frederick</i>	
ACTUAL SIGNATURE <i>PAGE C. SETT</i>		M.D.		DATE SIGNED <i>2/25/56</i>	
PHYSICIAN'S NAME (Type) <i>PAGE C. SETT</i>				<i>PRINCE FREDERICK, MD.</i>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>Feb. 27, 1956</i>		22c. NAME OF CEMETERY OR CREMATORIUM <i>Oaklawn Cemetery</i>	
22d. LOCATION (City, town, or county) <i>Baltimore, Md</i>				(State)	
23. FUNERAL DIRECTOR'S SIGNATURE <i>A. A. Harkness & Son - Mutual, Md.</i>		ADDRESS		24d. REC'D BY REGISTRAR DATE 2-27-56	
				24b. REGISTRAR'S SIGNATURE <i>H. W. Ward</i>	

WILLIAM-STATE DEPARTMENT OF HEALTH-SANITATION, 18

CERTIFICATE OF DEATH

BUREAU V. S.

FEB 29 1950

REGELIVE

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01580

1599 CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <i>Calvert</i>	MARYLAND	STATE <i>Maryland</i>	COUNTY <i>Calvert</i>
CITY (If outside corporate limits, write RURAL OR give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN <i>Prince Frederick</i>	4 days	TOWN <i>Chesapeake Beach</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Calvert</i>		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) <i>Bobby</i>	(Middle) <i>L</i>	(Last) <i>Smith</i>	(Month) <i>2</i> (Dey) <i>27</i> (Year) <i>1956</i>
S. SEX <i>Male</i>	6. COLOR OR <i>Grace</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <i>February 23 1956</i>
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	9. AGE last birthday yrs. <i>4</i>
13. FATHER'S NAME <i>Bobby Lee Holland</i>	14. MOTHER'S MAIDEN NAME <i>Grecie Smith</i>	12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>776x IMMEDIATE CAUSE (A) Prematurity (6th months ANTECEDENT CAUSE(S) DUE TO (B) (weight 1 lbs 12 oz DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19e. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 19 to 2/27 1956, that I last saw the deceased alive on 2/27 1956, and that death occurred at 3p M, from the causes and on the date stated above. SIGNATURE <i>R. W. Holland</i> M.D. ADDRESS (Street, city, town, state) <i>58 Henrico</i> DATE SIGNED <i>4/27</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>2-28-56 burial</i>	DATE THEREOF <i>2-28-56</i>	NAME OF CEMETERY OR CREMATORIAL <i>St. Edmonds</i>	LOCATION (City, town, or county) (State) <i>Chesapeake Beach, Cal., Md.</i>
24. REC'D BY REGISTRAR DATE <i>2-28-56</i>	REGISTRAR'S SIGNATURE <i>H. W. Ward</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Bobby Lee Holland - Ches. Beach, Md.</i>	

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TURGEAD V. G.

FEB 29 1956

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BUREAU V. S.

FEB 15 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Md.</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Huntingtown</i>		c. LENGTH OF STAY IN 1b <i>Life</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>oo</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Huntingtown</i>	
d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First <i>Annie</i>	Middle <i>L.</i>	4. DATE OF DEATH Month <i>Feb</i> Day <i>26</i> Year <i>1956</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb 11, 1870</i>
9. AGE (In years lost birthday) 86 yrs.	10. IF UNDER 1 YEAR Months 0 Days 15	11. IF UNDER 24 HRS. Hours 15 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	
10c. BIRTHPLACE (State or foreign country) <i>Calvert Co. Md.</i>		11. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>John H. Lyons</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Howes</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>	
17. INFORMANT <i>Jackson Trott, Huntingtown, Md.</i>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>422.1</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <i>Cardiac Failure & Decompression arteriosclerosis C.V. disease</i>	
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <i>1954</i> , 19, to <i>Feb 26</i> , 1956, that I last saw the deceased alive on <i>Feb 10</i> , 1956, and that death occurred at <i>IP</i> M, from the causes and on the date stated above. ACTUAL SIGNATURE <i>PAGE C. SETT</i> ADDRESS (Street, city or town, state) <i>Prince Frederick, Md.</i> DATE SIGNED <i>2-28-56</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>Feb 28, 1956</i>	22c. NAME OF CEMETERY OR CREATORY <i>Miranda Cemetery</i>
22d. LOCATION (City, town, or county) <i>Huntingtown</i>		(State) <i>Md.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>R. A. Harbord Son Mutual, Md.</i>		ADDRESS	24a. REC'D BY REGISTRAR DATE <i>2-28-56</i>
			24b. REGISTRAR'S SIGNATURE <i>H. W. Ward</i>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, MD

CERTIFICATE OF DEATH

BUREAU V. S.

MAR 1 1956

RECEIVED